

Customer No. 24113
 Patterson, Thunte, Skaar & Christensen, P.A.
 4800 IDS Center
 80 South 8th Street
 Minneapolis, Minnesota 55402-2100
 Telephone: (612) 349-5740
 Facsimile: (612) 349-9266

Attorney Docket No. 1416.04US01

REQUEST FOR CONTINUED EXAMINATION
 (RCE) TRANSFERRAL

Box RCE
 Assistant Commissioner for Patents
 Washington, D.C. 20231

Sir:

This is a Request for Continued Examination (RCE) under 37 C.F.R. § 1.114 of Application No. 09/475,721, filed December 30, 1999 for: MEDICAL DEVICES WITH POLYMER/INORGANIC SUBSTRATE COMPOSITES, by: Matthew S. Reimink and Matthew F. Ogle.

1. Submission required under 37 C.F.R. § 1.114

- a. ☒ Previously submitted
- ☒ Please enter in the present application the unentered Amendment under 37 C.F.R. § 1.116, with any attachments, filed on April 10, 2002 in said prior application.
- ☐ Consider the arguments in the Appeal Brief or reply Brief previously filed on _____
- ☐ Other _____
- b. ☒ Enclosed
- ☒ A Supplemental Amendment is enclosed. Claims added by this Amendment are properly numbered consecutively beginning with the number next following the highest numbered claim in the prior application.
- ☐ Affidavit(s)/Declaration(s)
- ☐ Information Disclosure Statement (IDS)
- ☐ Other _____

2. ☒ The filing fee is calculated below:

	Claims Remaining After Amendment	Highest No. Previously Paid For	Present Extra (Equals)	Small Entity Rate	Add'l Fee	OR	Large Entity Rate	Add'l Fee
Total	20	- 30**	= 0	x 9	\$		x 18	\$0
Indep.	2	- 3***	= 0	x 42	\$		x 84	\$0
RCE fee				+ 370	\$		+ 740	\$740
Mult. Dep.			=	+ 140	\$		+ 280	\$0
TOTAL					\$	OR	TOTAL	\$740.00

☐ First Presentation of Multiple Dependent Claim [MDC]

- * If the entry in Column 1 is less than the entry in Column 2, write "0" in Column 3.
- ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.
- *** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space.
- The "Highest Number Previously Paid For" (Total or Independent) is the highest number found from the equivalent box in Column 1 of a prior Amendment or the number of claims originally filed.

RCE of U.S. Application No. 09/475,721
Filed December 30, 1999

3. [X] The Commissioner is hereby authorized to charge the Deposit Account No. 16-0631 for the total amount of \$740.00 (for RCE filing fee).

Respectfully submitted,



Peter S. Dardi, Ph.D.
Registration No. 39,650

Please grant any extension of time necessary for entry; charge any fee due to Deposit Account No. 16-0631.

CERTIFICATE OF FACSIMILE TRANSMISSION

I hereby certify that this paper is being transmitted by facsimile to the U.S. Patent and Trademark Office, Fax No. 703-872-9311 on the date shown below thereby constituting filing of same.

May 13, 2002
Date


Shari R. Thorndike

PATENT APPLICATION

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re the application of:

Attorney Docket No.: 1416.04US01

Reimink et al.

Application No.: 09/475,721

Examiner: S. F. Hon

Filed: December 30, 1999

Group Art Unit: 1772

For: MEDICAL DEVICES WITH POLYMER/INORGANIC SUBSTRATE COMPOSITES

SUPPLEMENTAL AMENDMENT

Box RCE
Assistant Commissioner for Patents
Washington, D.C. 20231

Sir:

Prior to considering the enclosed Request for Continued Examination, please consider the following remarks. Also, please enter the Amendment After Final filed on April 10, 2002. A replacement claim is presented below, and a marked-up claim amendment is given on a separate sheet at the end of this amendment.

IN THE CLAIMS

Please substitute the following amended claims for those currently pending.

1. A medical device comprising a composite having an inorganic substrate and a polymer covering at least a portion of the substrate, the polymer forming a structure substantially different from the structure of the substrate and the polymer being rigid.
2. The medical device of claim 1 wherein the inorganic substrate comprises metal.